

Page 1 of 4

4. Immunizations and Tests (be sure to list history of varicella):

A. Has the applicant had DPT series? _____

B. The following immunizations are required. Please indicate dates. BOOSTER SHOTS MUST BE UP TO DATE.

TETANUS _____ POLIO _____

5. Does the applicant's history indicate a need for PPD skin test? ☐ yes ☐ no. If yes, indicate the date of most recent PPD and results.

6. Is the applicant allergic to any medicine (e.g. penicillin, aspirin, sulfa, etc.)? _____

7. Is the applicant allergic to any food, bee stings, insect bites, etc.? _____

8. Is the applicant currently being treated for Asthma? ☐ yes ☐ no If yes, please describe the severity, indicate triggers and treatment.

9. Medications: All prescription and non-prescription medications remain under the direct supervision of Wilderness School Instructors.

a. Is the applicant receiving any prescription or non-prescription medication? ☐ yes ☐ no If yes, please provide doctor's orders for each medication below.b. Is the student appropriate for self-administration of any prescription or non-prescription medication to be received when participating in the Wilderness School program (with the exception of epinephrine administered by Wilderness School staff via Epi-Pen): ☐ yes ☐ no.If yes, please indicate that the applicant is properly trained in self administration of medications: ☐ yes ☐ no.10. On the basis of your physical examination of the applicant and the applicant's medical history, do you feel this individual can participate in the Wilderness School program? ☐ yes ☐ no11. Do you feel that further examination by a specialist is indicated? ☐ yes ☐ no If yes, what kind of specialist? _____

12. Please remember to review and sign the enclosed Doctor's Orders for Prescription Medication and OTC standing orders for this applicant (signatures required on p. 2, 3 and 4)._____
Signature of Examining Physician_____
Date

Printed Name Of Examining Physician _____

Address _____

City _____

State, ZIP _____

Business Telephone _____

Fax _____

Please stamp or print information

III. Doctor's Orders: Prescription Medications**A. Prescription Medications Policy:**

All prescription medications must be accompanied by a written Doctor's order on the Physician's Medical Examination form. Students must be considered appropriate for self-administration of medications and must have Doctor's approval for this.

All medications must arrive at the Wilderness School in original prescription containers and have a current prescription label attached.

Applicants who have begun or discontinued psychiatric medication are required to wait at least twenty-one (21) days prior to participation in the 20-Day, 5-Day or Alumni Expedition unless Doctor's orders indicate otherwise.

Students who require medication needing refrigeration or delivery via a nebulizer are restricted from attending any Wilderness School course where activities may occur in a remote (non-electric) setting. Restrictions also include any specialized equipment that requires waterproof packaging or which may not reasonably be carried in a backpack without risk of damage.

B. Doctor's Orders Prescription Medications: Please indicate all prescription medications for which the applicant is approved to receive under Doctor's Orders. All prescription medications are to remain under the supervision of Wilderness School Instructors, with the exception of Epi-Pen injectors, which may be administered by program staff as per Doctor's Orders. Applicants with diagnoses of asthma are required to bring all prescribed inhalers as well as one unused back-up inhaler for each prescription.

Please indicate below: Name of medication; dosage and frequency; route; known side effects and/or contraindications; appropriate start and stop times, with any special instructions or considerations; the reason the applicant needs to take the medication; and whether the medication is a controlled medication or not.

Medication	Dosage and Frequency	Route	Side effects / contraindications	Start & Stop/Special Considerations	Reason for medication	Controlled Medication
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no

C. Doctor's Standing Orders for Epinephrine: The DCF Medical Doctor or designee provides standing orders for Wilderness School Staff to use Epinephrine in **life threatening emergency situations in a wilderness setting**. The staff have been trained in emergency use and administration.

Medication	Dosage and Frequency	Route	Side effects / contraindications	Start & Stop/Special Considerations	Reason for medication	Approved Please Check
Epinephrine (Epi-Pen, 0.3 mg)	PRN in Medical Emergency	Injection (Subcutaneous)			Life threatening emergency in a wilderness setting	

Signature of Examining Physician

Date

IV. Doctor's Standing Orders: Non-Prescription Medications: Please indicate all non-prescription medications for which the applicant is approved to receive under Doctor's Standing Orders. All non-prescription medications are to be self-administered and to remain under the supervision of Wilderness School Instructors.

All non-prescription medications, including vitamin supplements and homeopathic treatments, as designated by DCF Medications Administration policy (see below) that accompany the student from home or residence to the course must be accompanied by a written Doctor's Order on the Physician's Medical Examination Form. Medications must arrive at the Wilderness School in original purchased containers and have intact, complete labeling for ingredients, directions, and precautions. Students must be considered appropriate for self-administration of medications and must have Doctor's approval for this.

Both non-prescription medications requiring Doctor's Orders and not requiring Doctor's Orders must have prior approval made on the Consent and Waiver Form by a parent or legal guardian.

Please indicate below: Name of medication; dosage and frequency; route; known side effects and/or contraindications; appropriate start and stop times, with any special instructions or considerations; and the reason the applicant needs to take the medication.

<u>Medication</u>	<u>Dosage and Frequency as per manufacturer's direction. Please specify otherwise</u>	<u>Route</u>	<u>Indication (reason for medication)</u>	<u>Start & Stop; Special Considerations</u>	<u>Side Effects Contraindications</u>	<u>Approved Please Check</u>
Ibuprofen, 200 mg tablet		Oral				
Acetaminophen, 325 mg tablet		Oral				
Stool Softener, 100 mg, Docusate Sodium		Oral				
Anti-Diarrheal, 2 mg tablet, Loperamide Hydrochloride		Oral				
Antiseptic Throat Lozenges		Oral				
Antacid contains Aluminum Hydroxide (160 mg) and Magnesium Carbonate (105 mg),		Oral				
Antihistamine, Diphenhydramine HCL, 25 mg caplet		Oral				
Other (please list)						

Additional non-prescription medications that will be carried by Wilderness School staff in program first aids kits and do not require individual standing orders include the following topical medications:

Antifungal Cream (Clotrimazole Cream USP1%)
Hydrocortisone Acetate Cream 1%
Hydrogen Peroxide 3% USP
Povidine Iodine, 10% USP

Poison Ivy Ointment (Ivy Dry or equivalent)
Triple Antibiotic Ointment
Sunscreen Lotion
Insect Repellent (contains DEET), Stick and Spray

Alcohol Prep Pad
Polar Pure, iodine crystal water purification system
Iodine Tincture, 2% USP for water purification

Signature of Examining Physician

Date